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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: July 23, 2003

TO: Examiner: Philip Leung
Art Unit: 3742
Fax: 703-872-9302
From: Thomas M. Fisher

: RE: U.S. Patent Application
: Serial No.: 09/758,611
: Applicant: Graves et al.
: Atty. Dkt. No.: 9D-RG-19587

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Facsimile Transmission (1 pg.);
Amendment Transmittal (3 pgs.);
Amendment in Response to Office Action of April 23, 2003 (13 pgs.); and
Submission of Marked Up Claims (2 pgs.)

FAX RECEIVED

JUL 23 2003

GROUP 3700


Total pages including cover page: 19

If all pages are not received, please contact: Mandy Robinson at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: SPEEDCOOKING OVEN INCLUDING CONVECTION/BAKE MODE
Filed: January 11, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
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Thomas M. Fisher, Reg. No.: 47,564

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PATENT

Attorney Docket No.: 9D-RG-19587

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Graves et al.

Serial No.: 09/758,611

Filed: January 11, 2001

For: SPEEDCOOKING OVEN INCLUDING
CONVECTION/BAKE MODE

Group No.: 3742

Examiner: Leung, Philip H.

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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JUL 23 2003

GROUP 3700

TRANSMITTAL

- Transmitted herewith is:
Facsimile Transmittal (1 pg.)
Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action of April 23, 2003 (13 pgs.)
Submission of Marked Up Claims (2 pgs.)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No.

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

_____, Reg. No.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee Due

\$

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT


5. _____ Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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